

Name  
in  
Full

Percy Gardner Binder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

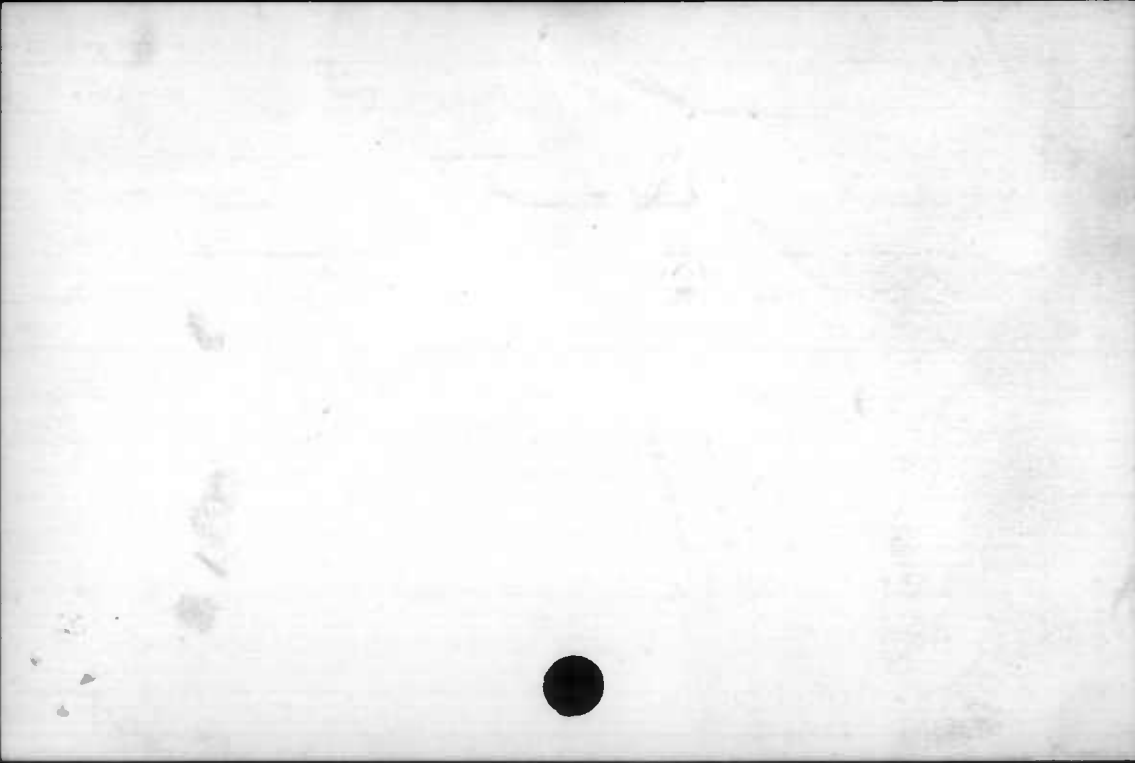
Died at <i>Leon Dorsey</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	8	Age	8
Sex	Male	Color or Race	White	Birth-place	Maryland	Months	19
Occupation	None			Where Residing if not at place of death <i>resided at place of death</i>			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry D Binder				Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name	Ella Virginia White				Mother's Birthplace <i>Maryland</i>		
Name of person giving Information	Henry D Binder				How related to deceased <i>Father</i>		

## CAUSES OF DEATH

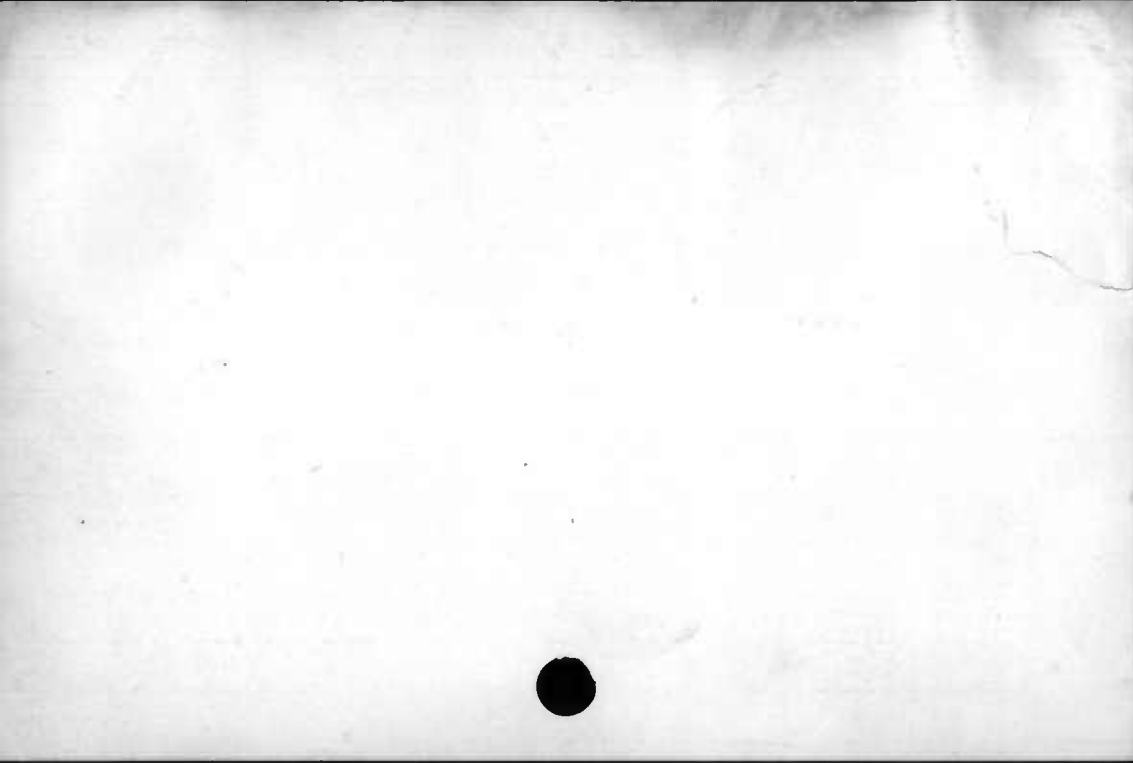
105

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>2 weeks</i>
Immediate	<i>Same</i>	How long	<i>Same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Arthur Williams</i>	
<i>yes</i>		Address <i>Elk Ridge Ind</i>	
Accident or Suicide <i>No</i>			



Name in Full		CERTIFICATE OF DEATH			
Mary Brooke		Town Atholton		County Howard	
Died at		MAYLAND			
Date of death		Month 8	Day 8	Age 30	Months 7
Sex female		Color or Race black		Birth-place Md	
Occupation Cooke		Where Residing if not at place of death Washington D. C.			
Married, Single or Widowed single		Name of Wife or Husband			
Father's Name Eliar Brooke		Father's Birthplace Md			
Mother's Maiden Name Jane Taylor		Mother's Birthplace Md			
Name of person giving information Eliza Thomas		How related to deceased Sister			
CAUSES OF DEATH					
Primary Laryngitis		How long 6-7 mo			
Immediate Exhaustion		How long 1 week			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Whittier M.D.			
Accident or Suicide? no		Address Savage Md			



Name  
in  
Full

Eveline Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Glenwood Town Howard County MARYLAND

Date of death 1909 Month Aug Day 5 Age 89 Years Months Days

Sex Female Color or Race Black Birth-place Howard Co.,

Occupation House work Where Residing if not at place of death Catonsville

Married, Single or Widowed Widow Name of Wife or Husband John Brown

Father's Name Dont Know Father's Birthplace

Mother's Maiden Name Dont Know Mother's Birthplace

Name of person giving Information William C. Remella How related to deceased Her Nephew

## CAUSES OF DEATH

Primary General Debility 154 How long 4 months

Immediate Exhaustion How long 1 week -

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John W. H. H.  
West Friendship  
Howard Co. Md -

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Maris Cole</i>		Town <i>Elliott City</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Elliott City</i>							
Date of death <i>1909</i>		Month <i>Aug.</i>		Day <i>19</i>		Age <i>20</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>Maryland</i>			
Occupation <i>House Girl</i>		Where Residing if not at place of death <i>Elliott City</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>William Cole</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Martha Cole</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Martha Cole</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

Primary <i>Acute Nephritis</i>	How long <i>15 days</i>
Immediate <i>Remia</i>	How long <i>2 days</i>

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Wm. Blumbrill*  
*Elliott City, Md.*

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

*Theater District*  
*New Brunylen* *Howard* County

MARYLAND

Date

of death

190 *9* *Aug* *9* Age *—* Months *4* Days *15*

Sex

*Male*

Color or  
Race

*Colored*

Birth-  
place

*Howard Co*

Occupation

*None*

Where Residing if not  
at place of death

*At home*

~~Married~~, Single  
~~or Widowed~~

~~Name of Wife or  
Husband~~

Father's  
Name

*Congress Davis*

Father's  
Birthplace

*Howard Co*

Mother's  
Meiden Name

*Cora Johnson*

Mother's  
Birthplace

*Howard Co*

Name of parson giving  
Information

*Harry Johnson*

How related  
to deceased

*Brother*

CAUSES OF DEATH

*71*

Primary

*Sparms ?*

How long

*4 or 5 hours*

Immediate

*Exhaustion*

How long

*Immediate*

Are the name, age, sex, color, date  
and place correctly given above ?

*Yes*

Signature of  
Physician

Address

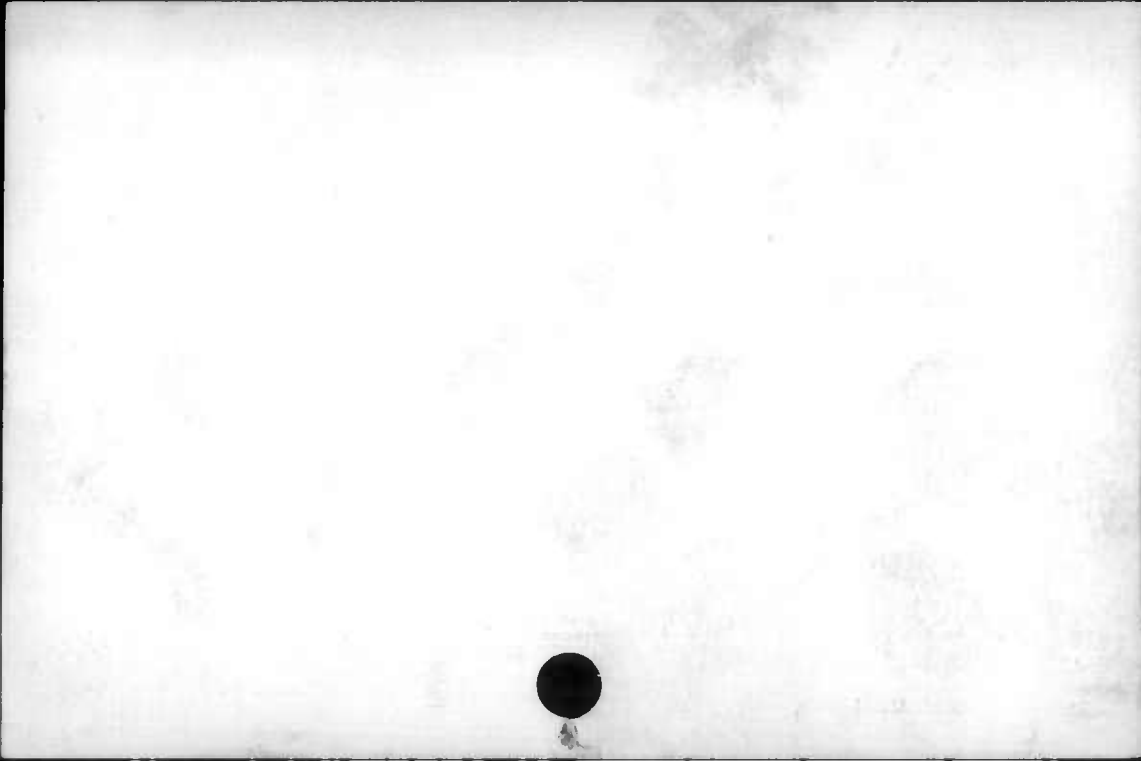
*Ch. Heflinger*

*By Kesville*  
*"Presented but not saw case"*

Accident or Suicide

*No*

PHYSICIAN  
OR CORONER



Name  
in  
Full

George Seiker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Oakland Mills</i>		<sup>County</sup> <i>Howard</i>		MARYLAND	
Date of death	1909	Month	8	Day	7
Age	88	Years	10	Months	21
Sex	male	Color or Race	white	Birth-place	Germany
Occupation	Retired farmer at his home				
Where Residing if not at place of death					
Married, Single or Widowed	widower	Name of Wife or Husband	Catherine Seiker		
Father's Name	unknown			Father's Birthplace	Germany
Mother's Maiden Name	unknown			Mother's Birthplace	Germany
Name of person giving information	John E. Basler			How related to deceased	son-in-law

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of Age</i>	How long	<i>20 years</i>
Immediate	<i>Heart failure</i>	How long	<i>progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Hutchinson M.D.</i>
		Address	<i>Savage Md</i>
Accident or Suicide?	<i>no</i>		



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Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Hester Dorsey

Town

County

MARYLAND

Date

of death 1909

Month

Aug

Day

23

Age

Years

6

Months

Days

Sex

Female

Color or  
Rece

Redhead

Birth-  
place

Md

Occupation

school girl

Where Residing if not  
at place of death

Ellicott City

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Samuel Johnson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Rebecca Dorsey

Mother's  
Birthplace

Md

Name of person giving  
Information

Hester Headen

How related  
to deceased

No relation

## CAUSES OF DEATH

Primary

Intestinal Indigestion

How long

1 week

Immediate

Ploumain Toxemia

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Wm Blumbrill

Address

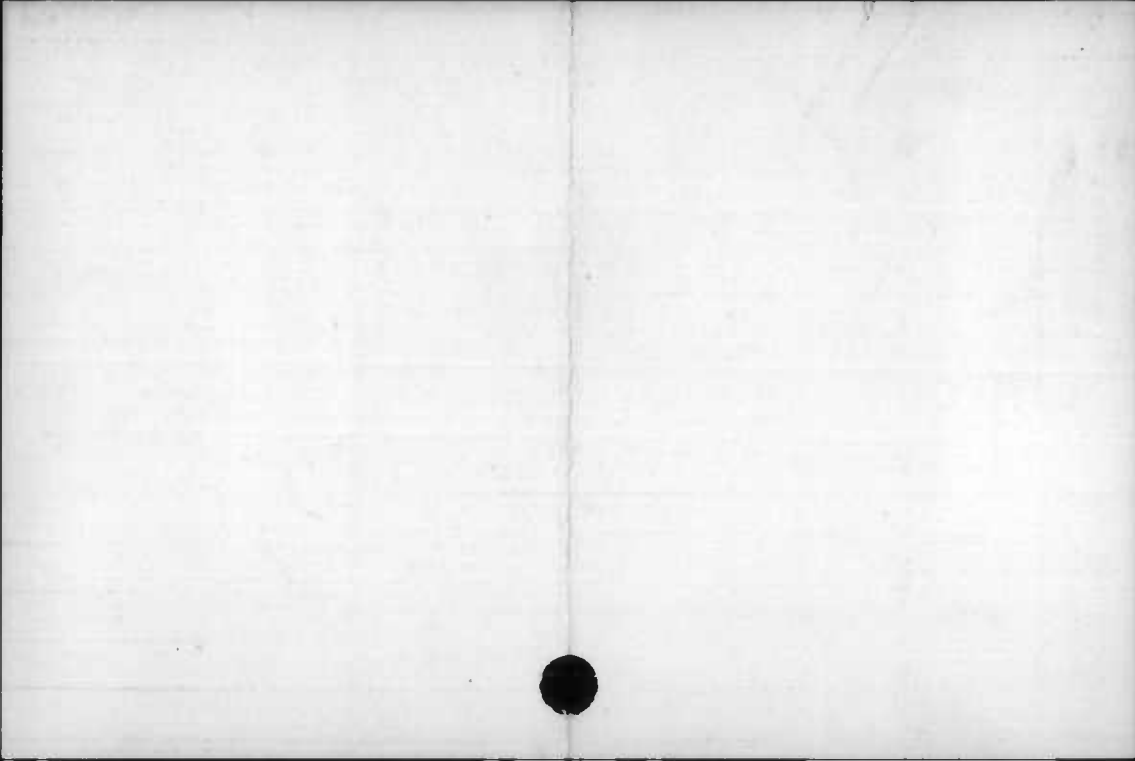
Ellicott City, Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name in Full		CLARENCE ELWOOD FORSETT.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Glenwood.		County Howard		MARYLAND	
	Date of death	1909	Month Aug.	Day 28.	Age 21.	Months 4.	Days -
	Sex	Male.		Color or Race	Negro.		
	Occupation	Farm Labourer.			Where Residing if not at place of death	Woodbine, Md.	
	Married, Single or Widowed	Married		Name of Wife or Husband	Mathie Olive Forsett		
	Father's Name	Jack Woodrigh			Father's Birthplace	Md.	
	Mother's Maiden Name	Mary Johnson			Mother's Birthplace	Md.	
Name of person giving information	Noah Forsett			How related to deceased	Father.		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pistol shot in brain				How long	L
	Immediate	Cerebral hemorrhage				How long	5 minutes
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician G. W. Lacy.		
	as far as I can find out.		Address		Liston Md.		
	Accident or Suicide?		Perhaps murder.				





Name  
in  
Full

Isaac Fuller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug.	10				
Sex	Male		Color or Race	Colored		Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		Edlicott City		
Married, Single or Widowed	Widower		Name of Wife or Husband	Lydia Fuller			
Father's Name	Joe Fuller		Father's Birthplace	Don't Know			
Mother's Maiden Name	Don't Know		Mother's Birthplace	Don't Know			
Name of person giving Information	William Fuller		How related to deceased	Nephew			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart disease		How long	6 Some years
Immediate	Heart disease		How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	B. J. Byane
		Address	Edlicott City	
Accident or Suicide				



856

Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death

Sex

Occupation

Married, Single  
or Widowed

Father's  
Name

Mother's  
Maiden Name

Name of person giving  
Information

Town

Month

Day

Age

Years

Months

Days

Color or  
Race

Birth-  
place

Where Residing if not  
at place of death

Name of Wife or  
Husband

Father's  
Birthplace

Mother's  
Birthplace

How related  
to deceased

CAUSES OF DEATH

Primary

Immediate

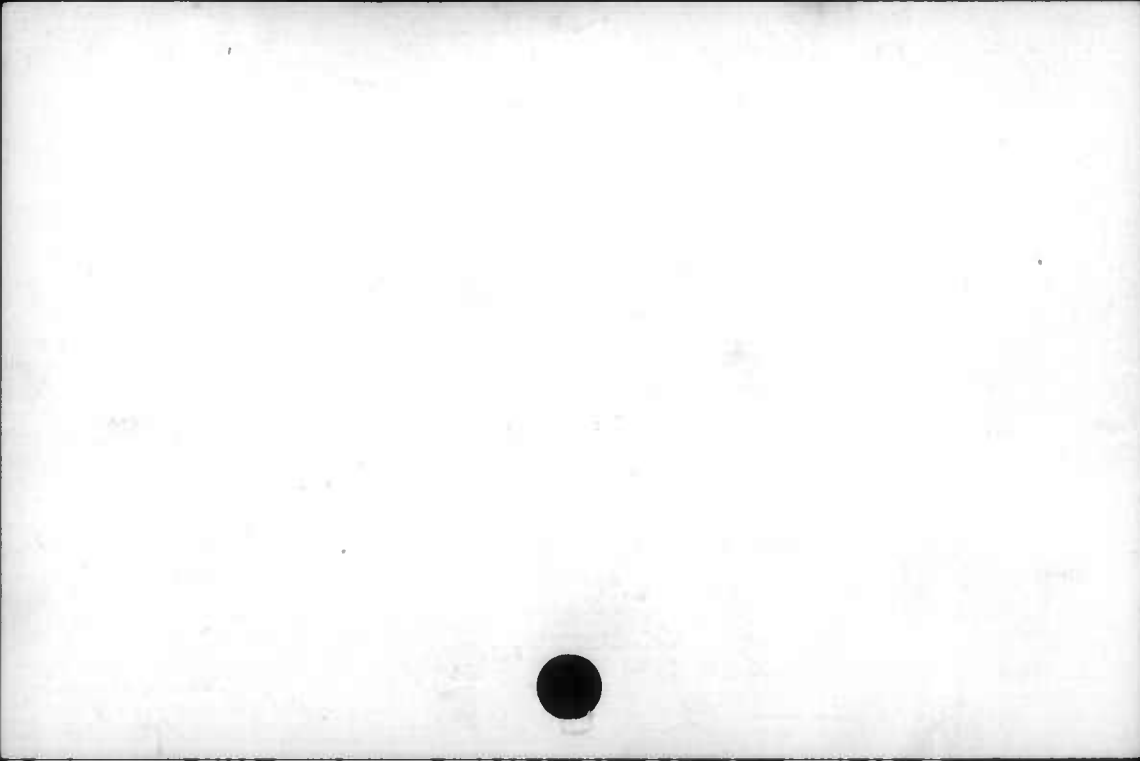
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

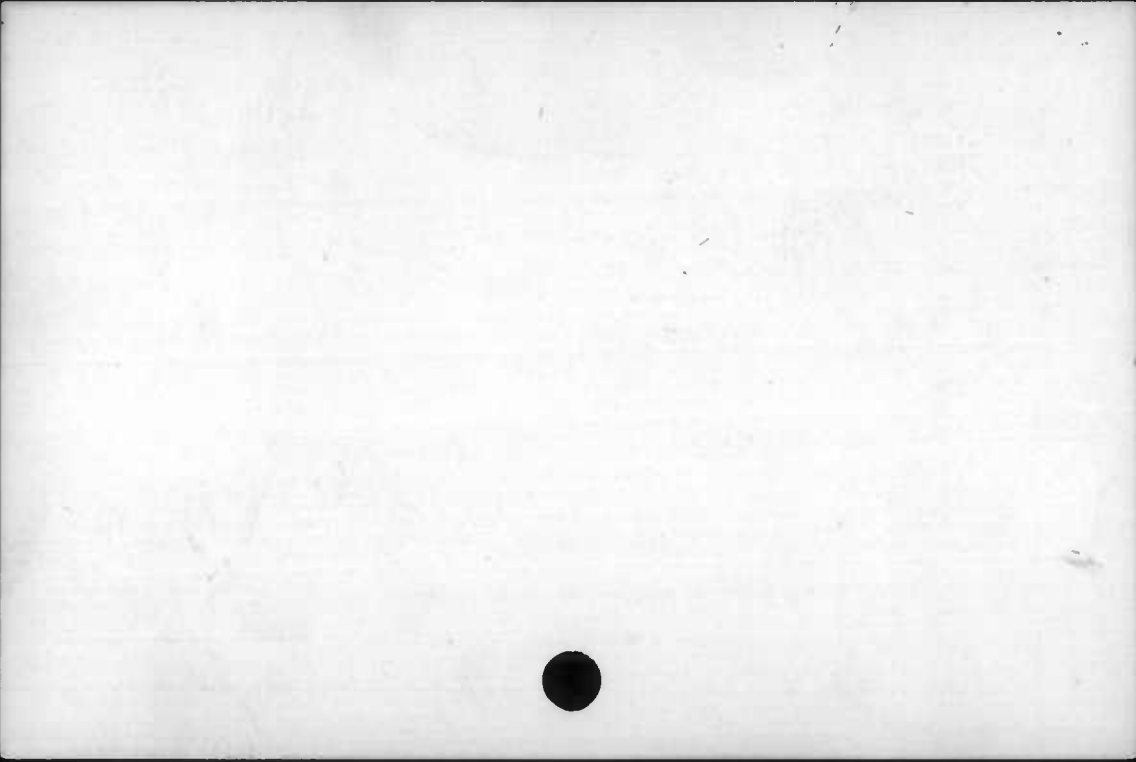
Died at <i>Mount View</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>aug</i>	Day <i>30<sup>th</sup></i>	Age <i>63</i>	Months <i>2</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Baltimore City</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>at her home</i>		
Married, <del>Single</del> <i>widowed</i>		Name of <del>Wife or</del> Husband <i>Benj. F. Hers</i>			
Father's Name <i>Greenbury Philip</i>			Father's Birthplace <i>Frederick Md</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>not known</i>		
Name of person giving information <i>Benj. F. Hers</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

67

PHYSICIAN  
OR CORONER

Primary <i>Progressive Paralysis</i>	How long <i>about 6 months</i>
Immediate <i>Extreme prostration &amp; inanition</i>	How long <i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Benj. F. Shipley, M.D.</i>
	Address <i>Alpha Howard Co Md</i>
<del>Accident or Suicide?</del>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Glenn Hudson* Town *Ellicott City* County *Howard* MARYLAND  
Died at  
Date of death *1909 Aug 19* Age *25* Months *-* Days *-*  
Sex *Male* Color or Race *White* Birthplace *Md*  
Occupation *Foreman* Where Residing if not at place of death *Ellicott City*  
Married, Single or Widowed *Single* Name of Wife or Husband *-*  
Father's Name *Daniel G. Hudson* Father's Birthplace *Md*  
Mother's Maiden Name *Unknown* Mother's Birthplace *Md*  
Name of person giving Information *Geo. Hudson* How related to deceased *Brother*

CAUSES OF DEATH

155

PHYSICIAN  
OR CORONER

Primary *Laudanum Poisoning* How long *5 hrs*  
Immediate *Cardiac + Respiratory Arrest* How long *1 hour*  
Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *Frank D. Miller M.D.*  
Address *Ellicott City Md*  
Accident or Suicide *suicide?*

bsl



Name  
in  
Full

CERTIFICATE OF DEATH

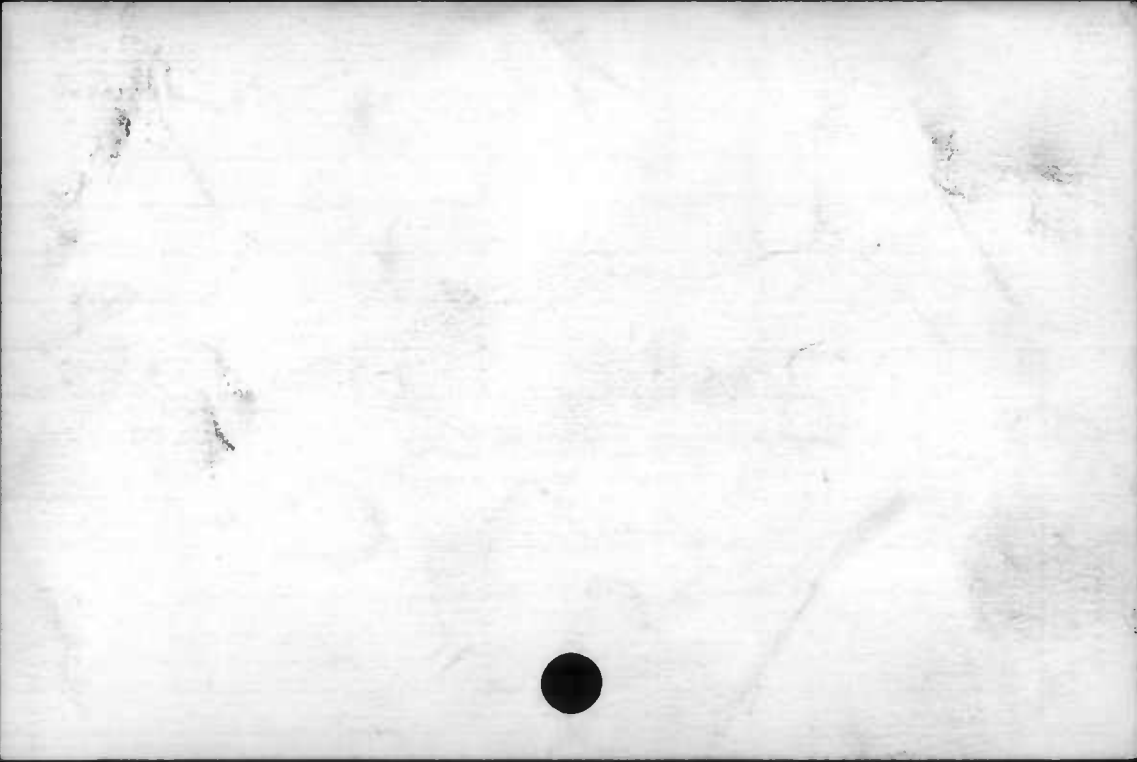
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Hattie Recelins Jackson</i>		Town <i>Elk Ridge</i>		County <i>Howard Co.</i>		State <i>MARYLAND</i>	
Died at <i>Elk Ridge</i>		Month <i>Aug</i>		Day <i>28</i>		Years <i>8</i>	
Date of death <i>1909</i>		Age <i>8</i>		Months <i>3</i>		Days <i>8</i>	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birth-place <i>Elk Ridge Ind</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Resided at Elk Ridge Ind</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Louis Jackson</i>		Father's Birthplace <i>West Virginia</i>					
Mother's Maiden Name <i>Mary Franklin</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Louis Jackson</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping cough</i>	How long <i>8 weeks</i>
Immediates <i>Bronco - Pneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
Accident or Suicide <i>no</i>	Address <i>Elk Ridge Ind.</i>



Name  
in  
Full

Kate E. McCrossin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highland <sup>County</sup> Annapolis **MARYLAND**

Date of death 1909 <sup>Month</sup> Augt <sup>Day</sup> 5 <sup>Years</sup> Age 63 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race white Birth-place Maryland

Occupation Housewife Where Residing if not at place of death Highland

Married, Single or Widowed Married Name of Wife or Husband Henry McCrossin

Father's Name Thomas Murphy Father's Birthplace Md.

Mother's Maiden Name Mary Morris Mother's Birthplace Md.

Name of person giving Information Beatrix E. Lorr How related to deceased 4 Cousin

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

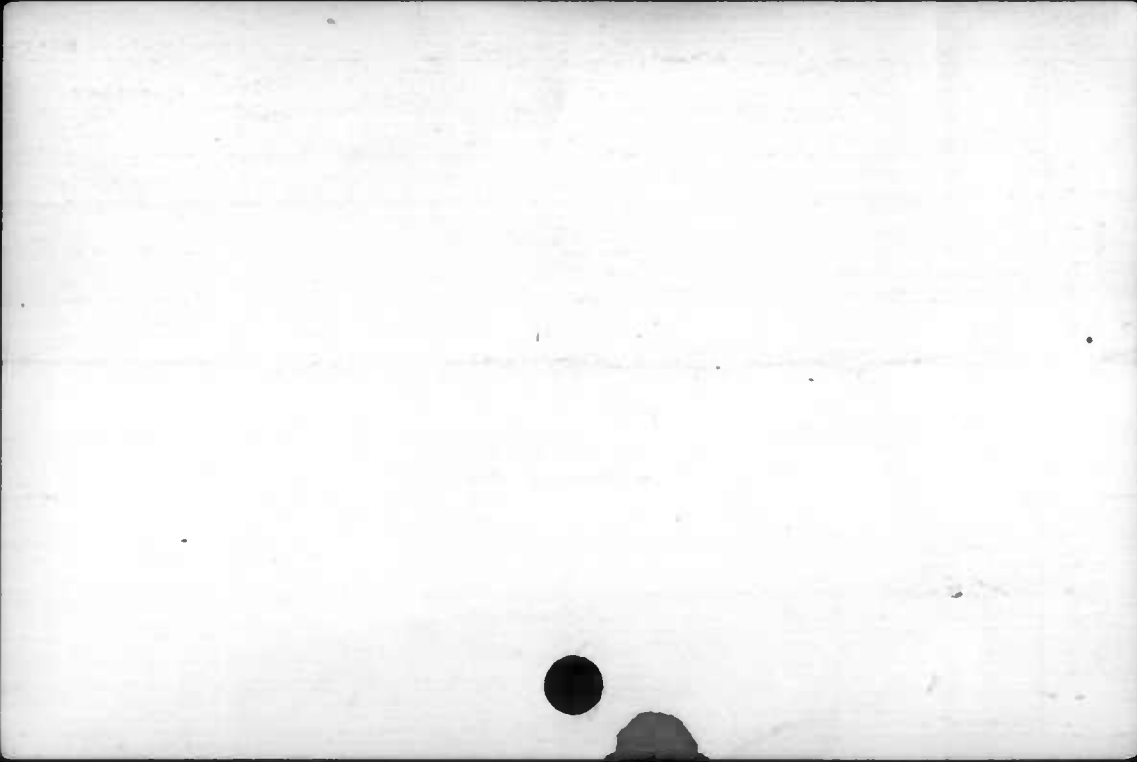
Primary Dysentery How long 14 2 weeks

Immediate Asthenia How long Progressive

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician N. W. L. Cassel Address Highland, Md.

Accident or Suicide



Name  
in  
Full

James Eldridge Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Mar. Florence* <sup>County</sup> *Howard* MARYLAND

Date of death *1909 Aug.* <sup>Month</sup> *Aug.* <sup>Day</sup> *3* <sup>Years</sup> *40.* <sup>Months</sup> *10.* <sup>Days</sup> *—*

Sex *Male* Color or Race *Negro.* Birth-place *Maryland*

Occupation *Farm. Laborer* Were Residing if not at place of death *—*

Married, Single or Widowed *Married.* Name of Wife or Husband *Lizzie Miller*

Father's Name *Mahlon Lyles* Father's Birthplace *Ind.*

Mother's Maiden Name *Caroline Green* Mother's Birthplace *Ind.*

Name of person giving information *Caroline Green* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

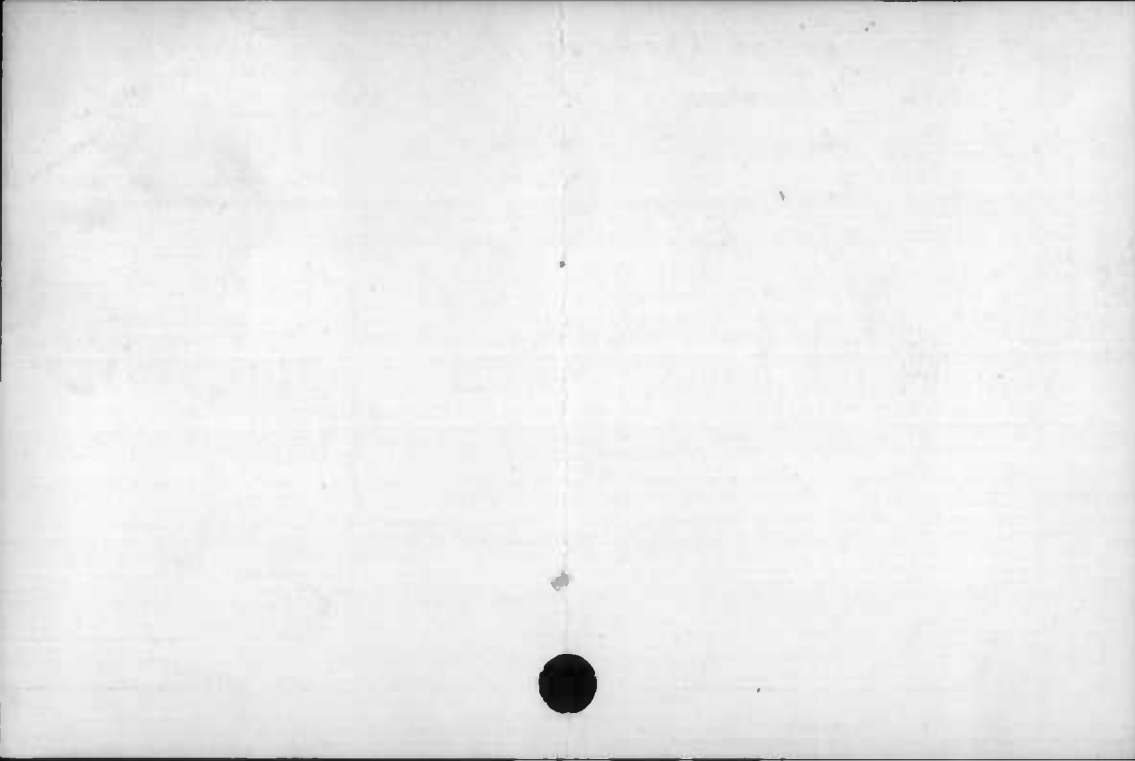
Primary *Cerebral Meningitis* (61) How long *4 days.*

Immediate *Coma.* How long *1 "*

Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *J. W. Lacy*

Address *Lisbon*

Accident or Suicide? *Ind.*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

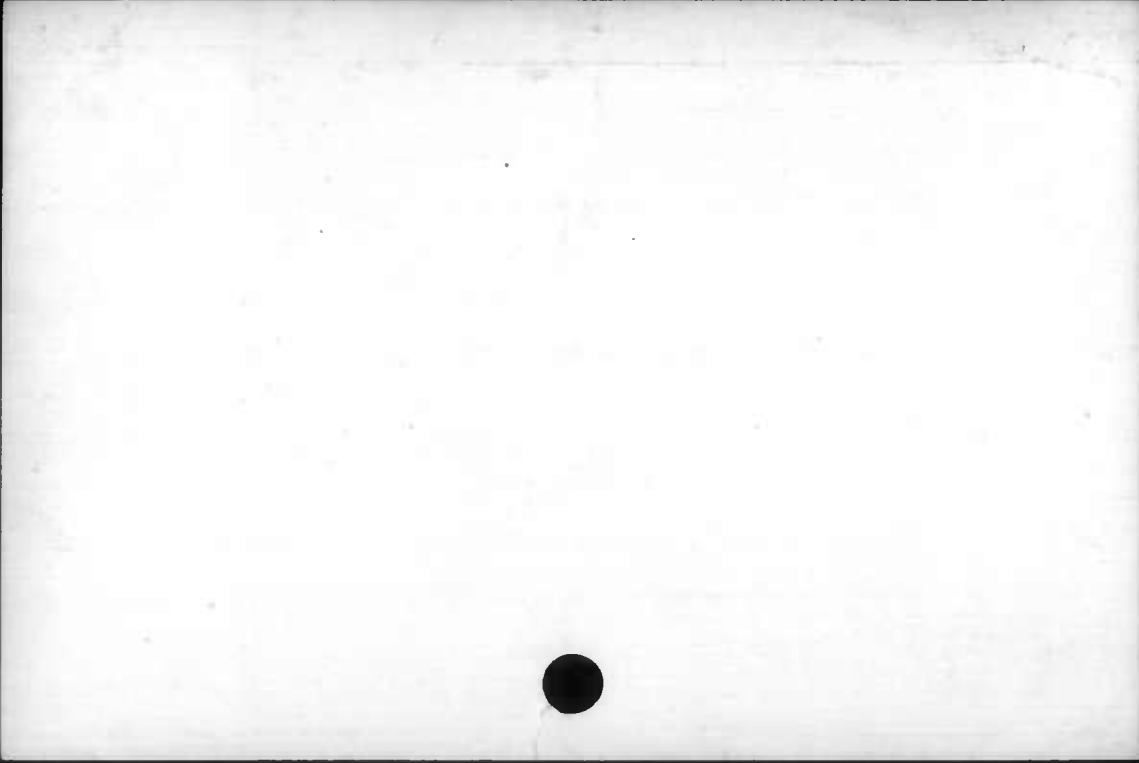
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		8	29	12	5	19	
Sex	Color or Race	Birth-place					
male	white	Md					
Occupation	Where Residing if not at place of death						
School boy	Savage						
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
John A. Perkins	Va						
Mother's Maiden Name	Mother's Birthplace						
Elizabeth Mockaber	Md						
Name of person giving Information	How related to deceased						
Wm. S. Perkins	brother						

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	How long
Drowned in water	30 min
Immediate	How long
Suffocation	30 ..
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	William M. D
	Address
	Savage
Accident or Suicide	
Accident	





Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full *No Name Ryan* Town *Elkridge* County *Howard* MARYLAND

Died at *Elkridge* Month *Aug* Day *22* Age *3* hours

Date of death *1909 Aug 22* Sex *male* Color or Race *white* Birth-place *Elkridge*

Occupation *none* Where Residing if not at place of death *resided at place of death*

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *William Ryan* Father's Birthplace *Pa*

Mother's Maiden Name *Larry Irish* Mother's Birthplace *Elkridge, Md*

Name of person giving Information *Mrs McLong* How related to deceased *aunt*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

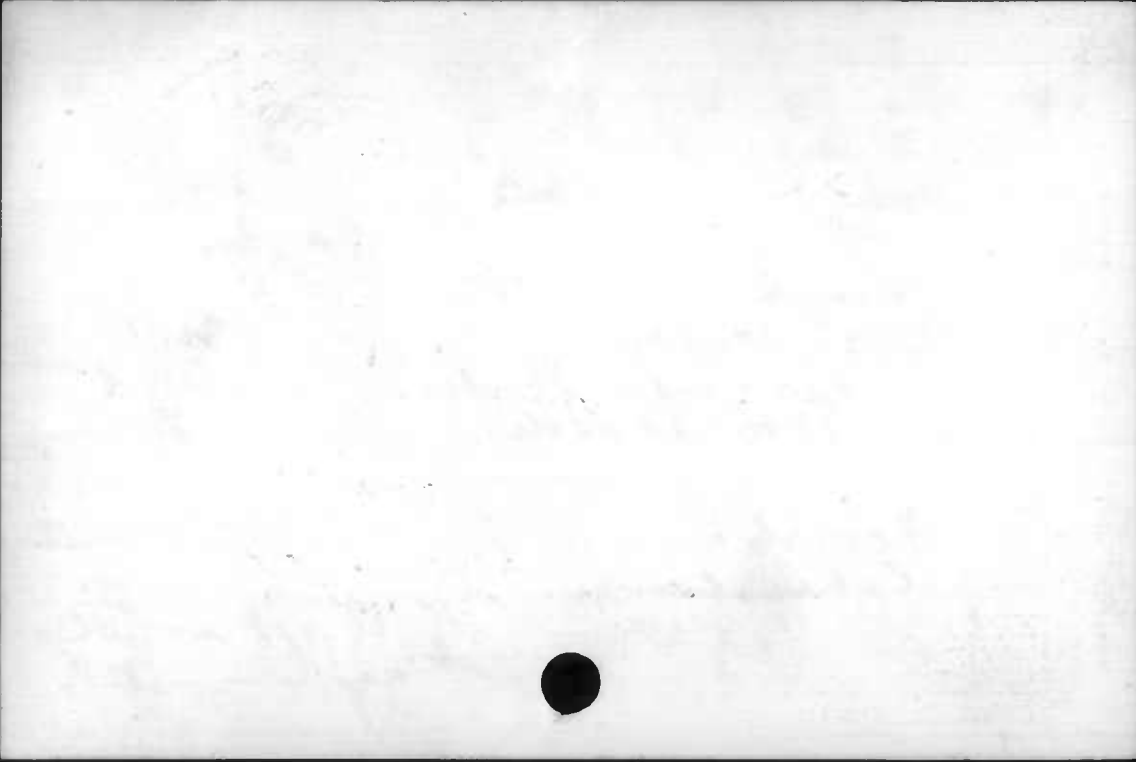
Primary *debility due to premature birth* How long *3 hours*

Immediate *some* How long *some*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Arthur Williams*

Address *Elk Ridge*

Accident or Suicide *no*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Harry Walker</i>		Town <i>Dayton</i>		County <i>Howard</i>		MAYLAND	
Died at <i>Dayton</i>		Month <i>Aug</i>		Day <i>18</i>		Years <i>1</i>	
Date of death <i>1909</i>		Month <i>Aug</i>		Day <i>18</i>		Years <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind</i>		Months <i>5</i>	
Occupation <i>No</i>		Where Residing if not at place of death <i>Dayton</i>				Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>No</i>					
Father's Name <i>Wm Walker</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Virginia Gordon</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving Information <i>Wm Walker</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

*105*

PHYSICIAN  
OR CORONER

Primary <i>Scarlet</i>	How long <i>2 Month</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. A. Nichols</i>
	Address <i>Dayton Ind</i>
Accident or Suicide	

